

Appendix A: Sample Complaint and Civil Cover Sheet

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MAINE

(Write the District and Division, if any, of  
the court in which the complaint is filed.)

U.S. DISTRICT COURT  
BANGOR, MAINE  
RECEIVED AND FILED

BANGOR  
2019 JUL 15 P 12:51

BY DEPUTY CLERK

TEODORA I. Chasse

(Write the full name of each plaintiff who is filing  
this complaint. If the names of all the plaintiffs  
cannot fit in the space above, please write "see  
attached" in the space and attach an additional  
page with the full list of names.)

-against-

OPM

Office of PERSONAL MANAGEMENT

(Write the full name of each defendant who is  
being sued. If the names of all the defendants  
cannot fit in the space above, please write "see  
attached" in the space and attach an additional  
page with the full list of names.)

**Complaint for a Civil Case**

Case No. \_\_\_\_\_  
(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No  
(check one)

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>TEODORA I. CHASSE</u>
Street Address	<u>413 MILITARY STR. STE 622</u>
City and County	<u>HOULTON, ME</u>
State and Zip Code	<u>MAINE, 04730</u>
Telephone Number	<u>207 538-2065</u>
E-mail Address	<u>teachasse1@gmail.com</u>

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

**Defendant No. 1**

Name	<u>DPM</u>
Job or Title (if known)	<u>OFFICE of PERSONAL MANAGEMENT</u>
Street Address	<u>P.O. BOX 45</u>
City and County	<u>BOYERS, BUTLER COUNTY, PA</u>
State and Zip Code	<u>PA 16017</u>
Telephone Number	<u>1888 767 6738 202 606 1800</u>
E-mail Address (if known)	<u>RETIRE@opm.gov</u>

**Defendant No. 2**

Name	<u>DPM</u>
Job or Title (if known)	<u>OFFICE of PERSONAL MANAGEMENT</u>
Street Address	<u>1900 E STREET, NW</u>
City and County	<u>WASHINGTON, DC</u>
State and Zip Code	<u>DISTRICT of COLUMBIA 20415-1000</u>
Telephone Number	<u>202 606 1800</u>

E-mail Address  
(if known)

RETIRE @ dpm.gov

Defendant No. 3

Name

Job or Title  
(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address  
(if known)

Defendant No. 4

Name

Job or Title  
(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address  
(if known)

## II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

The OPM is a Federal Agency

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**B. If the Basis for Jurisdiction Is Diversity of Citizenship**

**1. The Plaintiff(s)**

**a. If the plaintiff is an individual**

The plaintiff, (name) \_\_\_\_\_, is a citizen of the State of (name) \_\_\_\_\_.

**b. If the plaintiff is a corporation**

The plaintiff, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_, and has its principal place of business in the State of (name) \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

**2. The Defendant(s)**

**a. If the defendant is an individual**

The defendant, (name) \_\_\_\_\_, is a citizen of the State of (name) \_\_\_\_\_. Or is a citizen of (foreign nation) \_\_\_\_\_.

**b. If the defendant is a corporation**

The defendant, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_, and has its principal place of business in the State of (name) \_\_\_\_\_. Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an*



*additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

50% HALF OF MY DISEASED HUSBAND  
DANIEL A. CHASSE 45 CUSTOMS PENSION

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

THE DPM IS REFUSING TO PAY ME SURVIVORS BENEFIT AS ON HIS  
RETIREMENT APPLICATION MY HUSBAND DANIEL CHASSE CHECKED  
THE NO SURVIVORS BENEFIT. MY SIGNATURE WAS OBTAINED ON THE  
BLANK FORM. THE DOCUMENT WAS THEN TAKEN TO A NOTARY CARTER  
IN PRESQUE ISLE, MAINE. HE NOTARIZED MY SIGNATURE WITHOUT  
MY PRESENCE, KNOWLEDGE OR PERMISSION. THERE IS NO  
LEGAL NOTARY STAMP ON THE DOCUMENT

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I AM CONTESTING THE NO SURVIVORS BENEFITS  
CLAUSE ON MY HUSBAND RETIREMENT APPLICATION  
AS THIS DOCUMENT IS FRAUDULENT.  
I AM ASKING THE FEDERAL DISTRICT COURT TO RULE IN  
MY FAVOUR AGAINST THE DPM TO IMPOSE THE PAYMENT  
OF AT LEAST 50% OF THE RETIREMENT INCOME  
OF MY HUSBAND AS THE DPM HAD ACCEPTED A  
FRAUDULENT DOCUMENT

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 7/15, 2019.

Signature of Plaintiff

TEODORA I. Chasse

Printed Name of Plaintiff

TEODORA I. Chasse

**B. For Attorneys**

Date of signing: \_\_\_\_\_, 20\_\_.

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number

E-mail Address